

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Torie Osborn Assembly 2012			Date of This Filing 03/21/2012	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1331635	Report No. LCR-20120317-1			
STREET ADDRESS					
CITY Los Angeles	STATE CA		ZIP CODE 90048		
			Amendment to Report No. 001 <small>(explain below)</small>		
			No. of Pages 3		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/17/2012	Julia Brownley For Assembly 2010 Covina, CA 91722 ID# 1313506	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00
03/17/2012	Daphne C. Dennis Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator City of West Hollywood	\$1,000.00
03/17/2012	Judy Dlugacz San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Olivia Companies LLC	\$1,000.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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03/17/2012	Stephen Smith Las Vegas, NV 89109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployed n/a	\$3,900.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: